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**CONFIRMATION NO. 2838**

<b>SERIAL NUMBER</b> 09/813,955	<b>FILING DATE</b> 03/22/2001  <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2171	<b>ATTORNEY DOCKET NO.</b> 0142-0353P-SP	
<b>APPLICANTS</b> Stephane Berche, Paris, FRANCE; Laurent Najman, Paris, FRANCE;					
<b>** CONTINUING DATA *****</b> <div style="display: flex; justify-content: space-around;"> <span><i>uc</i></span> <span><i>NONE</i></span> </div>					
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 2000 03639 03/22/2000 <span style="float: right;"><i>al</i></span>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/27/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <span style="float: right;"><i>uc</i></span> <div style="display: flex; justify-content: space-between;"> <span>Examiner's Signature</span> <span>Initials</span> </div>		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 2292					
<b>TITLE</b> Method of recognizing and indexing documents					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
<div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div> </div>					